AFFIDAVIT OF FINANCIAL STATUS

The undersigned, with knowledge that there are criminal penalties for false statements, makes the following statement regarding my residence, marital status, employment, and financial status:

I. RESIDENCE:

Plaintiff's address:

Street 1901 O'Leary Court

City, State Spring Hill, TN

Zip Code 37174

Phone 615-714-0015

Do you own this property, rent, or live with family or friends?

Rent

II. MARITAL STATUS and DEPENDENTS:

Place an "X" in the appropriate space.

a. Single _____ Married___X Separated _______ Divorced _________

b. Dependants: 2

Minor Children ____1_______ (list number)

Disabled individuals ____1_________ (list number)

III. EMPLOYMENT:

Are you now employed? (Place an "X" in the appropriate space)

Employed through an employer _______ Self-employed ________

Not employed __X_____

Present value of car: $ 5000

Amount owed: $ 8800

3. Other Assets:

Cash on hand: $ 12.00

Possess credit cards: Yes ________ No X

Cash in Bank/Savings & Loan Assoc./Credit Union: $ 54.12

Names of Bank, Credit Union, and/or Savings & Loan Association:

Name/City: US Bank Spring Hill, TN

Name/City: ________

Name/City: ________

4. Monthly Financial Obligations:

a. Monthly rent on house/apartment: $ 1300.00 Mortgage: $ ________

b. Monthly utilities expenses: $ 350.00

c. Monthly telephone expenses: $ 317.00

d. Monthly Car expenses: $ 25.00

Car Payment $ 397.00 and 357.00

Gasoline: $ 120.00 Car Insurance: $ 189.00

e. Medical and/or Dental Insurance: $ 652.00

f. Non-covered medical and/or dental expenses: $ 459.00

g. Food and clothing $ 400.00

h. Child care expenses: $ ________

i. Child support payments: $ ________

j. Alimony payments: $ ________

5. Other debts or monthly expenses: (for example, student loans, credit card debt, etc.): $ ____________________

To whom owed: ____________________ Amount:$ ____________

To whom owed: ____________________ Amount:$ ____________

To whom owed: ____________________ Amount:$ ____________

To whom owed: ____________________ Amount:$ ____________

To whom owed: ____________________ Amount:$ ____________

Total monthly payments on debts and expenses. $ 4400.00

6. Sources of income (other than those listed above):

a. Total payments for support assistance such as Social Security Disability benefits, A.F.D.C., unemployment benefits, etc.

$________ per week OR $________ per month

b. Retirement benefits, including Social Security:

$________ per week OR $ per month

3c. Amount of alimony, child support payments received:

$ ________per week OR $ ________ per month

d. Other income (royalties, dividends, interest, trust fund, etc.):

Source: Spouse Income

$ ________ per week OR $ ________ per month

Source: ____________________

$ ________ per week OR $ ________ per month

Source: ____________________

$ ________ per week OR $ ________ per month

Source: ____

$ ________ per week OR $ ________ per month

e. Do you regularly receive funds from a family member or friend? Yes _____

No ___X____

If so, amount: $____________________ How often:___________________________

7. Spouse:

a. If applicable, is your spouse employed: Yes ___X_____No _________ N/A ______

b. Place of employment: _First Call Ambulance______________________

c. Monthly Employment Income: $ 3600.00

d. Other monthly income (for spouse only) $ _________________

8. Other information pertinent to Plaintiff's financial status: Use this space to (1) describe any sporadic sources of income including odd jobs, seasonal or contract work; (2) list ownership of recreational vehicles, stocks, bonds, or trusts in which Plaintiff has an interest and (3) identify any other property of value.

If you are employed, provide information about current employer. If not, provide information about your most recent employer:

Name of Employer: SWS Environmental

Address of Employer: Visco Court, Nashville, TN

Employer's Phone Number: ______________________________

Job title or description: _____Office Coordinator_______________

Dates of employment: Beginning _2/14________ Ending __9/14_______ Monthly earnings (including overtime pay, commission and tips) $ ___3500.00____________

IV. FINANCIAL STATUS:

1. Do you own Real Property: Yes _______ No ____X_____

Description: ______________________________

Address: ______________________________

In whose name is the property titled: ______________________________

Estimated value: $ ______________

Annual income from property $ ______________

Amount owed on the property: $ ______________

Owed to whom? ______________________________

2. Do you own an Automobile: Yes ___X____ No ____________

Make: _____VW______________________________

Model: _____Jetta______________________________

Year: _____2009______________________________

In whose name registered: _Bruce and Paula Caldwell

V. I HEREBY DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING STATEMENTS AND INFORMATION PROVIDED ARE TRUE AND CORRECT.

SIGNED: ______________________________

Paula R. Caldwell

DATE: 3-11-15

SWORN TO AND SUBSCRIBED before me this 11 day of March, 2015.

NOTARY PUBLIC

Keith Arenas

My commission expires:

Sept. 25, 2018

KEITH ARENAS
STATE OF TENNESSEE NOTARY PUBLIC
COUNTY OF WILLIAMSON
My Comm. Expires Sept. 25, 2018